24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) Service Employees International Union PEA - Federal	FEC IDENTIFICATION NUMBER ▼ C C00523621
Check If 24-hour report	/ D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin Mailing Address 4513 Vernon Blvd Suite 300 Amount	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Madison WI 53705 Transa	5368.67 ction ID : D292964
Purpose of Expenditure Est. payment for rally expenses Category/ Type Office Sough Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: President
BARACK OBAMA Check One: Calendar Year-To-Date Per Election for Office Sought Disbursemer 2012 Other One:	
Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Wisconsin	09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Madison WI 53705	4697.67
Purpose of Expenditure Est. payment for rally expenses Category/ Type Office Sough	ht: House State: WI Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: Tammy Baldwin Check One:	
Calendar Year-To-Date Per Election for Office Sought 406632.66 Disbursement 2012	nt For: Primary General ther (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	10066.34
(b) SUBTOTAL of Unitemized Independent Expenditures	71171171
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	•
Eliseo Medina [Electronically Filed] Date 09	19 / 2012